

**WESTFIELD PUBLIC SCHOOLS REGISTRATION FORM**

Please note: Children must be 5 years of age on or before September 1<sup>st</sup> to enter kindergarten. Please print all information.

School entering: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information**

Student's Legal Name: \_\_\_\_\_

First

Full Middle Name

Last Name

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Place of Birth: \_\_\_\_\_  
City & State (Country if outside of the US)

Student's Address: \_\_\_\_\_

Primary Residence is with: Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Has this student been enrolled in the Westfield Public Schools before: No \_\_\_\_\_ Yes \_\_\_\_\_ Where: \_\_\_\_\_

**Parent/Legal Guardian #1**

\_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other

Name: \_\_\_\_\_ Language: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Living with student: Yes \_\_\_\_\_ No \_\_\_\_\_

#2. \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other

Name: \_\_\_\_\_ Language: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Living with student \_\_\_\_\_ Yes \_\_\_\_\_ No

If student lives with someone OTHER than parent, please provide the following information:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mass Statute provides that both parents have equal rights and access to their child and his/her school records, unless a court order states differently. Court orders should be copied and kept at the child's school.

Are there any court documents (legal issues/custody) that name your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate which parent/guardian can pick up the child from school? Father \_\_\_\_\_ Mother \_\_\_\_\_

Which parent receives report cards/school mailings? Father \_\_\_\_\_ Mother \_\_\_\_\_

**Section 3: Outreach & Emergency Communications:**

Westfield Public Schools uses a school-to-parent telephone notification system called School Messenger. With this system, schools can send periodic and personalized voice messages to parents within minutes. The School Messenger service will be used to complement our emergency preparedness procedures and to inform parents of upcoming school events.

In the event of a school or district-wide emergency, the School Messenger service will deliver an emergency communication to all phone numbers which we have on file.

Please provide the two phone numbers that you want us to use when contacting you through the School Messenger system.

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

Email address 1: \_\_\_\_\_ Email address 2: \_\_\_\_\_

**Section 4: Ethnicity and Race Report**

In order to comply with state and federal requirements, Westfield Public Schools must classify each student by ethnicity and race. The regulations require that one ethnicity be chosen, while one or more designations may be chosen for race. This information will be used to inform the State and Federal Departments of Education regarding district demographics and assist in the determination of funding levels. All individual data will remain confidential.

**Ethnicity:** (Choose only one)

**Hispanic** — includes people of Cuban, Mexican, Puerto Rican, South American, Central American or any other Spanish culture.

**Non-Hispanic**

**Race:** (Choose all that apply)

**American Indian** - includes Alaskan Native or any person having origins in any of the original people of North/South/Central America who maintain tribal affiliation or community attachment.

**Asian** - includes any person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, Vietnam, and the Philippine Islands.

**Black** - includes African American or any person having origins in any of the black racial groups of Africa.

**Pacific Islander** — includes Native Hawaiian or any person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** - includes any person having origins in any of the original people of Europe, the Middle East, or North Africa.

**Section 5: Publication Consent**

Department of Education Regulations 603 CMR 23.07 (4) (a): the school may release for publication certain information from officially recognized school activities/functions concerning your child, from time to time without first obtaining your consent, unless indicated otherwise below. This may include student’s first name, grade, school, photographs, videotaping and typically included for classroom project in our newspaper, local newspaper or district website.

**I DO** agree to release this information for publication without my consent

**I DO NOT** agree to release this information for publication without my consent

**Section 6: Active Military Affiliation**

Student has parents with NO Military Affiliation

Student has a parent who is medically discharged veteran or who has retired within the past year

Student has a parent on active duty in any of the uniformed services, National Guard, or Reserve

Student has a parent who died in active duty

**Section 7: Previous School Experience**

Name of school last attended: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Grades attended: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

Home address while attending previous school: \_\_\_\_\_

Has the student ever repeated a grade level? Yes \_\_\_ No \_\_\_ If yes, which one(s)? \_\_\_\_\_

Has the student been evaluated for Special Needs? Yes \_\_\_ No \_\_\_

Is the student on an Individualized Educational Plan (IEP)? Yes \_\_\_ No \_\_\_

Is the student on a 504 Accommodation Plan? Yes \_\_\_ No \_\_\_

Does your child need English as a Second Language Services? Yes \_\_\_ No \_\_\_

**Signature of Custodial Parent or Guardian:**

*By signing below I affirm that all the information on this form is correct to the best of my knowledge. If this student is enrolled in the District on the basis of information knowingly falsified by me, I am liable to the District for the daily tuition rate and the student will be withdrawn.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_